

REPORTS INVENTORY						CONTROL NO. DDS/OF-158	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (If a fill-in report include Form No.) Negotiated Overhead Reports						2. TYPE OF REPORT	
						<input checked="" type="checkbox"/>	STATISTICAL
						<input checked="" type="checkbox"/>	NARRATIVE
						<input type="checkbox"/>	MACHINE-NAME LISTING
3. FUNCTIONAL AREA		<input checked="" type="checkbox"/> PERSONNEL		<input type="checkbox"/> TRAINING		ADMIN. GENERAL	
		<input checked="" type="checkbox"/> LOGISTICS		<input type="checkbox"/> SECURITY		OTHER (specify)	
		<input type="checkbox"/> MEDICAL		<input checked="" type="checkbox"/> FINANCE			
4. NO. OF COPIES PREPARED 1		5. FREQUENCY (weekly, monthly, quarterly, etc.) 300 - 400 per year				6. DISTRIBUTION (No. of components not number of copies) 2	
7. FORMAT (memorandum, form computer print-out, etc) Memorandum		8. ADP PROCESSING				9. DIRECTIVE AUTHORITY REQUIRING REPORT	
		<input checked="" type="checkbox"/> YES		IF YES GIVE ADP PROCESSING NO.			
		<input checked="" type="checkbox"/> NO					
10. PREPARING COMPONENT (include lowest level contributing information to report) Office of Naval Material				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
							No cost to Agency.
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						No Cost	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. Needed for review so ICAD can recommend Overhead Rates to the Contracting Officer to use in negotiation.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS	
<input type="checkbox"/> CHANGE						DOLLARS	
<input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	